



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/559,146	FILING DATE 04/27/2000 RULE -	CLASS 324	GROUP ART UNIT 2858	ATTORNEY DOCKET NO. OLOFSSON=1						
APPLICANTS Lars-Olof Oloff, Holm, SWEDEN; Martin Ranger, Helsingborg, SWEDEN; Per Zellman, Helsingborg, SWEDEN; <i>CS</i>										
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF PCT/SE98/01909 10/22/1998 <i>CS</i>										
** FOREIGN APPLICATIONS ***** SWEDEN 9703952-3 10/28/1997 <i>CS</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/11/2000										
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1						
ADDRESS 001444										
TITLE Load indicator										
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees (Filing)										
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)										
<input type="checkbox"/> 1.18 Fees (Issue)										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										